CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* <u>did not exceed $250.00</u> during the reporting period.

FILER IDENTIFICATION NUMBER ▶		REPORT FILED ON BEHALF OF ▶	CANDIDATE	1 ✓	COMMITTEE	2	LOBBYIST	3

NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Teresa Stankiewicz

STREET ADDRESS 3926 Beech Avenue

CITY Erie   **STATE** PA   **ZIP CODE** 16508

TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION		
	Erie City Controller		DEM	MO. 11	DAY 7	YEAR 2017

TYPE OF REPORT		
1. 6TH TUESDAY PRE-PRIMARY		
2. 2ND FRIDAY PRE-PRIMARY		
3. 30 DAY POST-PRIMARY		
4. 6TH TUESDAY PRE-ELECTION		
5. 2ND FRIDAY PRE-ELECTION		
6. 30 DAY POST-ELECTION	✓	
7. ANNUAL REPORT		

DATES OF REPORTING PERIOD MO. 10 DAY 24 YEAR 2017 TO MO. 11 DAY 27 YEAR 2017

CASH BALANCE AT END OF REPORTING PERIOD: $ 0

TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: $ 3711.37

AMENDMENT REPORT?	YES	NO ✓
TERMINATION REPORT?	YES	NO ✓

FOR OFFICE USE ONLY

2017 DEC -6 PM 2:26
ERIE COUNTY VOTER REGISTRATION

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a <u>Political Committee *or* Candidates's Committee</u>, the Treasurer must sign here.
If statement is filed on behalf of a <u>Candidate</u>, the Candidate must sign here.
If statement is filed on behalf of a <u>Contributing Lobbyist</u>, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS ($250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
6th DAY OF December 2017

SIGNATURE OF PERSON SUBMITTING REPORT

PRINTED NAME Teresa Stankiewicz

MY COMMISSION EXPIRES 10-26-2021
MO. DAY YR.

AREA CODE 814   DAYTIME TELEPHONE NUMBER 882-9980

PART II -

If statement is filed on behalf of a <u>Candidate's Authorized Committee</u>, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____ 20___

SIGNATURE OF CANDIDATE

PRINTED NAME

MY COMMISSION EXPIRES _____
MO. DAY YR.

AREA CODE   DAYTIME TELEPHONE NUMBER

Department of State ● Bureau of Commissions, Elections and Legislation
210 North Office Building ● Harrisburg, PA 17120-0029 ● (717) 787-5280

DSEB-503 (12-99)